

| CLAIMS ONLY | | | | | | | Application Number <div style="font-size: 1.2em; font-family: cursive;">08983474</div> | | Filing Date | | | |
|---|----------|--------|-----------------------|--------|------------------------|--------|---|--------|-------------|--------|-------|--------|
| | | | | | | | Applicant(s) | | | | | |
| <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 6-16-05 12-22-05 1-27-06 </div> | | | | | | | * May be used for additional claims or amendments | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep | 7 | | 5 | | 5 | | | | | | | |
| Total Depend | 21 | | 19 | | 19 | | | | | | | |
| Total Claims | 28 | | 24 | | 24 | | | | | | | |
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